

PETITION FOR EXTENSION OF TIME UNDE	Docket Number 200146.402C3							
FY 2005								
(Fees pursuant to the Consolidated Appropriation Application Number 10/803,179	310].]	Filed	March 17, 2004					
For REVERSE-TURN MIMETICS AND METHOD F	RELATING THERI	ETO		<del>- · · - · - · - · - · - · - · - · - · · - · · - · · - ·</del>				
Art Unit		Exami	iner					
1624	Kahsa	y Habte						
This is a request under the provisions of 37 CFR reply in the above identified application.	t 1.136(a) to exten	id the peri	od for fi	ling a				
The requested extension and fee are as follows fee below):	(check time period	d desired a	and ente	er the appropriate				
•	<u>Fee</u>	Small Entity Fee						
One month (37 CFR 1.17(a)(1))	\$120	\$6	30	\$				
Two months (37 CFR 1.17(a)(2))	\$450	\$2	25	\$				
▼ Three months (37 CFR 1.17(a)(3))	\$1020	\$5	10	\$ <u>1020</u>				
Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95	\$				
Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080	\$				
Applicant claims small entity status. See 37	CFR 1.27.							
A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is a	attached.							
The Director has already been authorized to application to a Deposit Account.	charge fees in this	3						
The Director is hereby authorized to charge a	any fees which ma	y be requi	ired,					
or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a								
duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be								
included on this form. Provide credit card inform	mation and author	ization on	PTO-20	38.				
I am the applicant/inventor.								
assignee of record of the entire intere								
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).								
☑ attorney or agent of record. Registrat	tion No. <u>53,937</u>							
attorney or agent under 37 CFR 1.34.								
Registration number if acting under 3	37 CFR 1.34	•						
			April 26, 2006					
Signature			Date	е				
Qing Lin, Ph.D.		206-622-4900						
Typed or printed name	Teleph	ione Nu	ımber					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

775207\_1.DOC

775207\_1.DOC

EXPRESS MAIL NO. EV529804453US Complete if Known ursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/803,179 **Application Number** FEE TRANSMITTAL March 17, 2004 Filing Date First Named Inventor Sung Hwan Moon For FY 2006 **Examiner Name** Kahsay Habte Applicant claims small entity status. See 37 CFR 1.27 1624 Art Unit 200146.402C3 Attorney Docket No. (\$)1020 METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge any underpayments or credit any overpayments Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FILING FEES** SEARCH FEES **FEES Small Small Entity Small Entity Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 100 150 500 250 200 100 50 130 65 100 0 0 0 0 100 **Small Entity** Fee (\$) Fee (\$) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) Х Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$)

Indep. Claims **Extra Claims** -3 or HP = 00 X HP = highest number of independent claims paid for, if greater than 3.

**Extra Claims** 

00

## 3. APPLICATION SIZE FEE

Name (Print/Type) | Qing Lin, Ph.D.

TOTAL AMOUNT OF PAYMENT

X Check

□ Deposit Account

**Application Type** 

**Fee Description** 

**Total Claims** 

2. EXCESS CLAIM FEES

Multiple dependent claims

Each claim over 20 (including Reissues)

-35 or HP =

Utility

Design

Provisional

☐ Credit Card

Charge fee(s) indicated below

Fee (\$)

300

200

200

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra She	ets N	Number of each additional 50 or fraction the		thereof Fe	ee (\$)	Fee Paid (\$)
100 =		/50 =	(round up to a whole number)		х		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Petition for Extension of Time (3 months)							<u>1020</u>
							***************************************
SUBMITTED BY	Λ - 2						
Signature	Nuy	15	Registration (Attorney/Age		Telephone	206-	622-4900
Name (Print/Type)	Qing Lin, Ph	ı.D.		· · · · · · · · · · · · · · · · · · ·	Date	April	26, 2006